

ROCKLIN POLICE DEPARTMENT

Explorer Post Number 150
4080 Rocklin Road/P.O. Box 1380
Rocklin, California 95677

APPLICATION AND RECORD OF INVESTIGATION

SUBJECT UNDER INVESTIGATION

Last Name:	First Name:	Middle Initial:	Sex: M F
Address:	City:	State:	ZIP Code:
Previous Address:	City:	State:	ZIP Code:
Phone Number:	Place of Birth:	DOB:	Height: Weight:
Has the applicant ever legally changed his/her name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name used, date, place, purpose of the name change related to the court granting the change:			
Social Security Number:		Nickname(s):	

CITIZENSHIP

United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long have you lived in the County of Placer?	How long have you lived at your present address?

SOCIAL HABITS

How do you spend your non-working or non-school hours?

ORGANIZATION MEMBERSHIP

List all clubs, societies, or organizations which you are or have been a member:

CRIMINAL RECORD

Have you been fingerprinted and photographed by any law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give the state, city, date, charge(s), and final disposition:

PHYSICAL DATA:

Do you have any physical disabilities including any which would preclude unrestricted, regular participation in all phases of training?
<input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:
Have you ever had any serious operations or injuries?

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MOTOR VEHICLE RECORD

Driver's License Number:	State:	Expiration:	Type of driver's license:
Types of vehicle(s) owned by applicant:		License Number(s):	
How long have you been driving? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:		Has your license ever been revoked, suspended, or canceled locally or out of state?	

EDUCATION

High School or Junior High School Attending:	Current grade or highest grade completed:
Colleges Attended:	
Can you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which language(s)?	
Have you taken any special courses of study which would be beneficial to police work? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:	

EMPLOYMENT

Present Employer:			
Address:	City:	State:	ZIP Code
Telephone Number:	Employment Dates:	/ /	/ /
Past Employer:			
Address:	City:	State:	ZIP Code
Telephone Number:	Employment Dates:	/ /	/ /
Past Employer:			
Address:	City:	State:	ZIP Code
Telephone Number:	Employment Dates:	/ /	/ /
Past Employer:			
Address:	City:	State:	ZIP Code
Telephone Number:	Employment Dates:	/ /	/ /
Have you been fired or discharged from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:			
Have you ever applied for employment with any law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where?			

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Have you ever been rejected by any other law enforcement agency or Explorer Post? ☐ Yes ☐ No If so, explain:

FAMILY BACKGROUND

Father's Last Name:		First Name:		Middle Initial:
Address:	City:	State:	ZIP Code:	
Phone Number:		Employment:		
Mother's Last Name:		First Name:		Middle Initial:
Address:	City:	State:	ZIP Code:	
Phone Number:		Employment:		
Brother(s) - Name(s):				
Sister(s) - Name(s):				
Has any member of your immediate family ever been connected with any law enforcement agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, explain:				
What are your career goals?				
What do you expect to gain from acceptance in the Explorer Post?				

REFERENCES

Name:		Address:		Telephone:	
Employer:	Address:		Telephone:		Years Known:
Name:		Address:		Telephone:	
Employer:	Address:		Telephone:		Years Known:
Name:		Address:		Telephone:	
Employer:	Address:		Telephone:		Years Known:

I swear, to my knowledge, that the above and foregoing information is correct. I also give consent to have all herein information verified by the Rocklin Police Department and its personnel.

Applicant's Signature:	Date:
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STATEMENT OF PARENTS OR GUARDIANS

In consideration of the benefits derived by my son/daughter, named _____, for his/her participation in Law Enforcement Explorer Post Number 150, I, as parent or guardian of the applicant, consent to the participation of said applicant in such program and to his/her execution of the below release and do hereby for myself, my heirs, executors, and administrators, remise, release, and forever discharge the City of Rocklin, the Rocklin Police Department, the Boy Scouts of America, the local council, Post Number 150, chartered institution, all Scout and Explorer leaders and all directors, officers, employees, and agents from the foregoing, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of the death or on account of any injury to the applicant which may occur by reason of the activity referred to above. I hereby certify that the applicant is my son/daughter, and that his/her date of birth is _____. In addition, I do hereby certify that to the best of my knowledge and belief that he/she is free of all contagious diseases.

In case of accident or illness, permission is granted hereby to treat him/her as required. If he/she is released from this program before recovery from the illness or accident, further treatment will be provided by myself.

Signature of Parents or Guardians	Date:
Signature of Parents or Guardians	Date:

NAME AND ADDRESS OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Phone Number:
Relation to Applicant:		

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USE OF CONFIDENTIAL CRIMINAL RECORD INFORMATION

As an Explorer of the Rocklin Police Department, you may have access to confidential criminal record information regarding individuals. No Explorer shall divulge confidential information, data, or records of this Department to any person to whom issuance of such information, data, or records has not been authorized. Misuse of such information adversely affects the civil rights of the individual concerned. Such misuse is a misdemeanor under California law. Therefore, any Explorer in this Department who is responsible for such misuse is subject to immediate dismissal. Violation may also result in additional legal action.

I acknowledge I have read the above paragraph and understand the policy regarding misuse of confidential criminal record information.

Signature of Applicant:	Date:
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Signature of Witness:	Date:
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AUTHORIZATION FOR RELEASE OF INFORMATION

Last Name:		First Name:		Middle Initial:	
Address:		City:	State:	ZIP Code:	
Date of Birth:	School:			Grade:	

To:				
Address:		City:	State:	ZIP Code:

As the parent/guardian of the above named student, I hereby authorize any and all records pertaining to psychological and/or medical history, academic history, disciplinary actions, services rendered and/or treatment given to be furnished to an authorized agent, designee, or representative of the Rocklin Police Department.

In accordance with the Education Code, academic, psychological, and health records are transferable, when the student is enrolled in another California public school.

According to state and federal laws, parent and students over eighteen (18) years of age, have absolute rights to examine and receive copies of any school record that is maintained. Furthermore, I understand I have a right, upon request, to receive a copy of this authorization.

Parent/Guardian Initial

This authorization shall become effective immediately and shall remain in effect through the student's twenty-first (21st) birthday, as specified by parent/guardian.

Parent/Guardian Signature:	Date:
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EXPLORER IDENTIFICATION DATA

Last Name:			First Name:			Middle Initial:			Appointment Date:		
Address:			City:			County:			Explorer:		
Phone Number:			Driver's License Number:			Social Security Number:			Close Explorer Friends		
Physical Description:			Height:	Weight:	Hair Color:	Eye Color:	DOB:	<div style="text-align: center;">CURRENT PHOTO</div> <div style="display: flex; justify-content: space-between;"> <div>1.</div> <div>2.</div> <div>3.</div> </div>			
EDUCATION AND TRAINING											
School:			Grade:								
SPECIAL SKILLS			FOREIGN LANGUAGE			LAW ENFORCEMENT CLASSES					
NEXT OF KIN											
Father's Name:						Mother's Name:					
Address:						Address:					
Home Phone:			Work Phone:			Home Phone:			Work Phone:		
Occupation:						Occupation:					